

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 599506	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2					
4	1					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	1		1			
16	2					
17	2					
18	2					
19	0					
20	0					
21	0					
22	0					
23	1		1			
24	1		1			
25	1		1			
26	0		1			
27	1		1			
28	0		1			
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	30	←	23	←		←
TOTAL CLAIMS	25		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						